

CHAPTER 31
REIMBURSEMENT TO COUNTIES FOR
LOCAL COST OF INPATIENT MENTAL HEALTH TREATMENT

[Prior to 7/1/83 Social Services[770] Ch 31]

[Prior to 2/11/87, Human Services[498]]

441—31.1(225C) Definitions.

“Administrator” means the administrator of the division of mental health, mental retardation, and developmental disabilities.

“Designated mental health program” means the hospital has a ward, unit or specific beds identified to be and used primarily for a psychiatric treatment program and the hospital is accredited by the joint commission on accreditation of hospitals.

“Inpatient” means a person who is admitted and remains in the hospital overnight.

“Preliminary diagnostic evaluation” means a diagnostic evaluation in accordance with Iowa Code sections 255B.4 through 255B.7.

“Psychiatric treatment” means the provision of services by or under the direction of a qualified mental health professional. The services include, but are not limited to, individual counseling, group counseling, activities, occupational therapy, and vocational rehabilitation in addition to daily supervision and maintenance.

441—31.2(225C) Eligible persons.

31.2(1) Eligibility of the county for reimbursement shall be based on individual persons who are admitted as hospital inpatients for psychiatric treatment to a designated mental health program in a hospital other than a state mental health institute.

31.2(2) The admission shall be as a result of a preliminary diagnostic evaluation which determined that inpatient admission to a hospital for psychiatric treatment was appropriate to the person’s needs. The findings and recommendations of the diagnosis and evaluation shall be in writing and signed by the person doing the evaluation.

31.2(3) The preliminary diagnosis and evaluation shall be done by a facility in accordance with the board of supervisors resolution pursuant to Iowa Code sections 225B.5 through 225B.7.

31.2(4) The person’s hospital care shall have been paid for by the county from funds in the county mental health and institutions fund authorized by Iowa Code section 444.12.

This rule is intended to implement Iowa Code section 225C.12.

441—31.3(225C) Persons specifically ineligible.

31.3(1) The county shall not be eligible for reimbursement for any costs incurred in connection with the hospitalization of a person who is eligible to have all or part of the cost of hospitalization paid for by the medical assistance program under Iowa Code chapter 249A.

31.3(2) The county shall not be eligible for reimbursement for any costs incurred in connection with the hospitalization of a person who is entitled to payment of these costs from any public or private third-party payer.

31.3(3) The county shall not be eligible for reimbursement for any hospital inpatient costs incurred prior to the date a preliminary diagnostic evaluation is completed.

441—31.4(225C) Filing claim.

31.4(1) The county auditor shall file a claim for reimbursement using Form MH-5102-0, Application for Reimbursement for Local Cost of Inpatient Mental Health Treatment. The county auditor shall sign the form certifying that the costs claimed are true and correct.

31.4(2) The application shall be filed with the administrator quarterly for the calendar quarters ending March 31, June 30, September 30 and December 31. The application shall be filed by the last day of the month following the end of the quarter. Any applications received subsequent to that date shall be processed as claims for the calendar quarter in which they are received.

31.4(3) Any claim or portions of a claim not payable because of errors in the information provided by the county shall be paid as a claim in the quarter in which the correct information is submitted.

31.4(4) The first claim filed with the administrator shall have attached a copy of the resolution passed by the board of supervisors requiring a preliminary diagnosis and evaluation. Any subsequent changes to the resolution shall be filed with the administrator with the next claim filed subsequent to the change.

441—31.5(225C) Rate of reimbursement.

31.5(1) The rate of reimbursement to the county shall be 20 percent of the average program cost for the mental health institute program in which the person would have been treated had the person been admitted to the mental health institute. The average program cost shall be the average of the individual per-day program costs for the mental health institutes for the quarter for which the claim is filed. In no case shall the reimbursement exceed the actual cost of care to the county.

31.5(2) The classification of programs used for reimbursement is:

a. Adult psychiatric. Persons 18 and over generally receiving psychiatric treatment for an acute phase of a psychiatric disorder from which the person is likely to recover and move to a lower level of care or return home.

b. Geriatric. Persons age 60 and over who are suffering from a chronic disease or degenerative organic disorders who require long-term support and supervision.

c. Alcohol/substance abuse. Persons whose primary problem is alcohol/drug abuse or addiction and whose treatment plan is directed toward treatment of the abuse or addiction.

d. Adolescent. Persons age 13 through 17.

e. Children. Persons under the age of 13.

31.5(3) The average program cost shall be the average of the individual per-day program costs as determined by the mental health institutes under Iowa Code section 230.20.

31.5(4) In any quarter in which there are insufficient appropriated funds to pay in full the reimbursements applied for, the amount of reimbursement actually paid shall be prorated equally among the claims submitted for that quarter so that an equal proportion of each county's claim is paid.

441—31.6(225C) Audit records.

31.6(1) For each person for whom reimbursement is received, the county shall have available for audit purposes a record containing:

a. The date and place of hospitalization.

b. Evidence of a determination that the person was not eligible for medical assistance or other third-party payment.

c. A copy of the dated and signed preliminary diagnostic evaluation.

d. The person's name, social security number and date of birth.

31.6(2) The county shall also maintain records for audit purposes showing:

a. The cost of care for each individual for whom reimbursement is sought.

b. The amount of payment made by the county.

c. To whom payment was made.

d. The fund in which any reimbursement received is deposited.

e. The fund from which the cost was paid.

These rules are intended to implement Iowa Code section 225C.12.

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